

The National Committee on Vital and Health Statistics (NCHVS), the public advisory committee to the Department of Health and Human Services (DHHS) on health data, privacy and health information policy will hold a public meeting on June 3-4, 1997 on data standards, health confidentiality and medical/clinical coding and classification issues associated with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Pub. L. No.104-191).

They are inviting interested organizations and individuals to attend this meeting to discuss the implications of administrative simplification.

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of Health and Human Services is required to adopt standards for specified transactions to enable health information to be exchanged electronically. The law requires that, within 24 months of adoption, all health plans, health care clearinghouses and health care providers who choose to conduct these transactions electronically must comply with these standards. Further, the law requires DHHS to submit a report to Congress containing detailed recommendations on standards with respect to the privacy of individually identifiable health information. In preparing these reports and recommendations, the Secretary is required to consult with the NCVHS. The Committee will submit recommendations to the Secretary during 1997. This law also requires that the Committee make recommendations within four years on the content and transmission standards for electronic medical records.

To assist in formulating its recommendations for 1997, the NCVHS convened a number of public meetings on data standards, issues related to the privacy of individually identifiable health information. These meetings were held in the Washington, D.C. area with generators and users of the financial and administrative transactions as specified by the law, health researchers, representatives from public health agencies, social welfare agencies, law enforcement agencies, public and private organizations with health system oversight responsibilities, and some privacy and patient interest groups. During these meetings questions were raised about the impact of these standards on individuals and groups. The NCVHS concluded that an additional meeting in a geographic location separate from the Washington, D.C. area was warranted.

The Executive Subcommittee of the NCVHS, with support of the California Office of Statewide Health Planning and Development, is sponsoring a public meeting on June 3-4, 1997. This will be held in San Francisco at the Federal Building, 450 Golden Gate Avenue. This meeting is open to the public and will take place from 9:00 to 5:30 p.m.

For this meeting the Subcommittee is inviting specific organizations representing consumer groups, plans, providers, insurers, researcher and the public health community, as well as other interested parties to describe their perceptions on the law's requirements. Presenters are being asked to respond to the attached questions in writing, to make a brief oral presentation, and to respond to additional questions from the Committee. The attached questions include all of the topic for this meeting, i.e., privacy, confidentiality and coding. Presenters are not

expected to respond to all these questions, rather only those questions that are most relevant to their interests.

Oral presentations will be in panel format. Each panel participant will be limited to ten minutes to allow for questions and answers.

For further information, you may contact the Office of Research and Statistic, HCFA, Room C3-21-06, 7500 Security Blvd, Baltimore, MD 21233, telephone (410) 786-6620

Questions to be Addressed:

1. What does your organization expect to be the impact of the administrative simplification requirement in the Health Insurance Portability and Accountability Act of 1996 (HIPAA)? These standards include: administrative transactions, coding sets, privacy, confidentiality, security and unique personal health identification numbers for providers, plans, employers, and individuals. Please describe how these each of these issues could affect the members of your organization or the persons you represent.
2. Are any of these standards currently priority areas for your organization or members of your organization? How are you addressing/or planning to address these standards?
3. Do members of your organization have any concerns about the type of transactions specified under HIPAA? For the producers of data, how available is the information that you need to report in the transactions? For organizations and individuals that use these data, is the information useful for bill payment, managing the care process, and health policy analysis and assessments? Do you have comments regarding the quality of these data?
4. How can administrative simplification best be achieved while balancing clinical and payment needs with maintaining privacy protection for the individuals?
5. Recognizing the intent of P.L. 104-191 of administrative simplification, what coding approach would best meet your needs? Please suggest how administrative simplification could be achieved while reducing administrative burden and obtaining clinically useful information.
6. What medical/clinical codes and classifications do you use in administrative transactions now? What do you perceive as the main strengths and weaknesses of the current methods for coding and classification of encounter and/or enrollment data?
7. What procedure classification do you recommend as the initial standard for outpatient transactions? Is it practical to move to a single procedure classification on the schedule required for the implementation of administrative standards? Should the

standards continue the current practices of requiring different procedure coding systems for the ambulatory and inpatient sectors?

8. Before the passage of HIPAA, the National Center for Health Statistics initiated the development of a clinical modification of the *International Classification of Diseases, Tenth Edition* (ICD-10-CM) to replace ICD-9-CM. In addition, the Health Care Financing Administration undertook the development of an new procedure coding system for inpatient services, entitled ICD-10-PCS (*Procedure Classification System*). There is a plan to implement these systems simultaneously in the year 2000. On the pre-HIPAA schedule, they will be released to the field for evaluation and testing by 1998. Should ICD be used for administrative transactions? If so, which version do you advocate and why?
9. Do you have any advice or recommendations for NCVHS and/or The Department of Health and Human Services related to the implementation of the standards and privacy provisions of the HIPAA? Do you have any concerns?

Tentative Agenda
National Committee on Vital and Health Statistics
June 3-4, 1997
Federal Building
450 Golden Gate Avenue
San Francisco, California

Perspectives on Privacy, Confidentiality, Data Standards and Medical/Clinical Coding and Classification Issues in Implementation of Administrative Simplification Provisions of P.L.104-191

Tuesday, June 3		
9:00 a.m.	Call to Order Welcome and Introductions Review of Agenda	Dr. Detmer Dr. Iezzoni
9:05 a.m.	Consumer Organizations Panel	Speakers TBA
10:45	Break	
11:00 a.m.	Consumer Organizations Panel (cont)	Speakers TBA
12:30 p.m.	Lunch	

1:30 p.m.	Panel on Public Health and Research	Speakers TBA
3:30 p.m.	Break	
3:45 p.m.	Panel on Public Hospitals Community Health Centers and Academic Health Centers	Speakers TBA
5:00 p.m.	Open Forum/Questions and Answers	
5:30 p.m.	Adjourn	

Wednesday, June 4, 1997		
9:00 a.m.	Call to Order Introductions	Dr. Detmer Dr. Iezzoni
9:05 a.m.	Panel on Integrated Health Systems	Speakers TBA
10:45 a.m.	Break	
11:00 a.m.	Panel on Insurers and Health Plans	Speakers TBA
12:30 p.m.	Lunch	
1:30 p.m.	Provider Panel	Speakers TBA
3:30 p.m.	Break	
3:45 p.m.	Provider Panel (cont.)	Speakers TBA
4:30 p.m.	Open Forum and questions and answers	
5:30 p.m.	Adjourn	